

POSIT.	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LJ	257	3/16 4/6/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	4 9 3/16 15 24 11/16 12 13 03 1/4
1	✓ ✓ ✓
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36	✓ ✓
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38	✓ ✓
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50	✓ ✓ ✓

Claim	Date
Final Original	4 9 3/16 18 24 11/16 C3 03 1/4
51	✓ ✓ ✓
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73	✓ ✓
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78	✓ ✓
79	✓ —
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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